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ABSTRACT

Intended for child protective service workers and others who may be considering a parent aide program, the document provides the participant with a guide to the seven module multi-use instructional materials package on treating families with abused and neglected children. Initial sections offer a program overview and information on individualized instruction and lay therapists. The bulk of the document contains record sheets, checklists, evaluation forms, and slide tape transcripts which correspond with the package modules. (SBH)

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Participant's Guide
To

# Innovative Services: The Use of Parent Aides In Child Protective Services

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Austin, 1979

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# Supplementary Materials

Force Field Analysis

Lay Therapists — by Helen Alexander

Questionnaire for Parent Aide Program

Program Evaluation

Slide/Tape Scripts
- Teaming Up: How Volunteers Can Help
- Two Programs — A Visit

Participant Notebook Masters

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# Overview

These training packages offer a complete set of multi-use instructional materials prepared for child protective services staff who may be considering a parent aide program. The goals of the training package include providing:

- a rationale for using parent aides
- a 'blueprint' for developing a program

A slide/tape presentation entitled "Teaming Up — How Volunteers Can Help" introduces the training package. Afterwards, the participants will use the seven modules to develop their own program. Each module will require approximately two hours to complete. The titles and descriptions of the slide/tape and the modules are:

| Slide/Tapes | Brief Description |
|---|---|
| 1. How Volunteers Can Help | Describes the innovative role of the parent aide and introduces the training package. |
| 2. Two Programs — A Visit | Compares the organization structure of Family Outreach in Dallas, Texas, and Travis County Lay Therapy, Austin, Texas. |
| **Audiotape** | |
| 1. Every Parent's Birthright: Bonding As The Key To Effective Lay Therapy | A formerly abusive parent talks about the relationship between herself and her SCAN lay therapist. |
| **Modules** | |
| 1. "Why Volunteers?" | Examines the philosophy underlying parent aide programs. Participants will be asked to identify main points of program philosophy and will differentiate between the roles of professional staff and the roles of volunteers. |
| 2. "Program Models — Which One Is Right For You? | Explores differences in parent aide programs. Participants will be asked to choose the type of program that fits their own organization. This module also includes the slide/tape presentation entitled "Two Programs: A Visit." |

| | |
|---|---|
| 3. "Organizational Patterns/Funding" | Suggests organizational patterns and funding sources to get a parent aide program started. Participants will be asked to determine which jobs need to be done and to identify sources of program funding. |
| 4. "Interface: Coordinating the Parent Aide Program with the DHR" | Underlines the importance of fitting the parent aide program into the state agency structure. Participants will be asked to develop criteria for selecting cases, developing a referral process and setting policies for volunteers. |
| 5. "Recruitment and Screening of Volunteers" | Suggests ways to recruit and screen applicants for the volunteer program. Participants will be asked to develop an outline of a recruitment and screening plan. |
| 6. "Training" | Explores both content and format of training program. Participants will be asked to develop training priorities and to modify training activities. |
| 7. "Supervision" | Focuses on the roles of the supervisor in assigning cases and in providing guidance and support to the parent aides. Participants will be asked to play typical supervisory situation. |

## Before You Begin

A. These training materials have been designed to be used by groups of 3-5 staff members. However, the materials may also be used by either individuals or larger groups, if desired.

Ideally a 'core' group of participants would go through the training as a team. The composition of this core group would vary depending upon the type of volunteer program you want to develop and the interest of those in your organization. Consider these factors before deciding on who should be part of the core group.

- This material was developed for child protective services staff members. Other groups or organizations who want to utilize this material would benefit by including child protective services staff members in their core group.
- You will want to include people who can (a) help secure funding; (b) recommend new or revised staff positions or assignments; and (3) involve the community.

- As you go through training you may want to add people to your core group. (You will be asked to consider this after you complete Module 2, Program Models – "Which One is Right For You?")
- If representatives from the Office of Citizen Involvement or Volunteer Services and the Continuing Education Bureau are not members of your core group, you will want to invite them to assist you in certain parts of the training. (See "Discussion Leader's Notes" for a more complete listing of when you might want to include them.)

B. Innovative programs need the support of adminstrators. Administrative personnel hold two of the keys to a successful program: staff positions and funding. Involve them in your plans and do not begin training unless you have their full support.

C. One person in your core group will serve as discussion leader for each of the modules. The same person may lead all seven modules or leadership may change with each module. The responsibilities of the discussion leader are to:

- become thoroughly familiar with contents of the "Participant's Guide" prior to beginning training,
- set meeting times and place,
- duplicate one "Participant Notebook" per person,
- assemble supplies and equipment,
- invite resource people to the training sessions,
- guide the discussion at training sessions by utilizing the suggested questions in the "Debriefing" and "Discussion" sections,
- keep accurate notes of all major decisions.

D. A *Participant Notebook* should be made available for each person who goes through training. As you work through the modules you will be asked to complete checklists or write answers to questions. Since the modules themselves are not consumable and should not be written in, duplicates of these checklists, question and answer pages, etc. are provided.

Each page in the modules that is duplicated in the "Participant's Manual" has a PN next to its page number. The duplicating masters for the "Participant Notebook" comprise the last section of this "Participant's Guide."

E. It is strongly recommended that you keep a single, centralized record of the major decisions made by your group. This record can prove valuable in communicating your plans to others, and can provide you with a clear, useful and satisfying document at the end of your training.

A good way to keep this record is to designate one member of your group as the recordkeeper. This person would write group decisions in his/her "Participant Notebook." The pages of this notebook could later be typed and bound as a description of your program. Examples of pages of the "Participant Notebook" that should be kept as a permanent record are: "Program Philosophy," "Volunteer Role," "Description of Our Program," "Case Criteria," "Volunteer Policies," etc.

# How to Get Started

Choose a discussion leader who will be responsible for the introductory slide/tape and Module I. This person should read over the "Discussion Leader's Notes" and make all the necessary preparations.

View the introductory slide/tape which describes the innovative roles of the parent aide. Then move on to Module 1. As you work through Module 1, complete any activity on the specified pages in the "Participant's Notebook" (any page in the Modules with a PN next to the page number is duplicated in the "Participant's Notebook.")

## Contents of Training Package

Seven Modules (non-consumable)
"Teaming Up: How Volunteers Can Help" slides and cassette tape
"Reason Sort" cards (5 sets)
"What I Got From My Lay Therapist" audio tape
"Child Abuse and Neglect Audiovisual Materials" Region VI RCCAN
"Volunteer Case Assignment" cards (5 sets)
"Two Programs — A Visit" slides and cassette tape
"Nitty-Gritty Issues" cards (5 sets)
Participant Notebook Masters — (to be duplicated and stapled together for each participant)

## Notes for the Discussion Leader

**Introductory slide/tape:** "Teaming Up: How Volunteers Can Help"

**Equipment:** Carousel slide projector, cassette tape player

**Supplies & Materials:** none

**Resource people to invite:** none

**Module 1:** Why Volunteers?

**Equipment/A-V material:** cassette tape player, audio tape "What I Got From My Lay Therapist"

**Supplies:** large newsprint (2' x 3'), markers and masking tape – (or chalkboard)

**Resource people to invite:** none

**Notes:** If you have more than 5 members in your group, photo-copy additional "Reason Sort" cards.

**Module 2:** Program Models – Which One is Right For You

**Equipment/A-V material:** Carosel slide projector, cassette tape player, slide/tape "Two Programs – A Visit"

**Supplies:** large newsprint (2' x 3') markers, and masking tape or chalkboard

**Resource people to invite:** Office of Citizen Involvement Consultant or Volunteer Services

**Notes:** Once you have decided upon a basic model, you may want to invite others to join you to work through each of the remaining five modules – e.g., members of community groups who might want to cooperate on a Family Outreach type of program model.

**Module 3:** Organizational Patterns/Funding

**Equipment:** none

**Supplies:** none

**Resource people to invite:** person with funding information (e.g., Program Director)

**Notes:** Make sure you or someone in the group has a watch for the timed exercise. One person in your group should begin to develop funding strategies.

**Module 4:** Interface

**Equipment:** none

**Supplies:** none

**Resource people to invite:** none

**Notes:** Designing forms in Activity Five may take too long if done as a group. You may try assigning to group members as homework – e.g., each person design one form.

**Module 5:** Recruitment and Screening of Volunteers

**Equipment:** none

**Supplies:** none

**Resource people to invite:** Office of Citizen Involvement Consultant or Volunteer Services

**Notes:** You may want to write to the programs which contributed resource materials for further information about their recruitment and screening methods.

**Module 6:** Training

**Equipment:** none

**Supplies:** large newsprint (2' x 3'), markers and masking tape — (or chalkboard)

**Materials:** Individualized Instruction reading to be used in Activity 4 (next page)

**Resource people to invite:** Continuing Education Consultant

**Notes:** Make sure you have a copy of your philosophy statement for Activity 2. You may want to schedule another hour session to try out the activities you developed in Activity 4.

**Module 7:** Supervision

**Equipment:** none

**Supplies:** none

**Resource people to invite:** Continuing Education Consultant.

**Notes:** If role play situations in Activity 4 last too long, you may need to omit some situations.

# Individualized Instruction

One of the gifts a good teacher can bring to the classroom is individualized instruction. A child who learns by individualized methods has a far greater chance of retaining what he has learned, and can better apply the learning to new situations.

Individualized learning has a number of components.

First, the teacher conducts a needs assessment to learn what the student already knows about the topic. This may be done verbally, "How many of you could tell us about continental drift?", in writing in the form of a pretest, or through a performance measure, "Demonstrate the correct procedure for applying an arm sling." After the teacher has assessed each child's level of competency, she develops individualized learning goals.

In mathematics, for example, one child may be ready to learn division of fractions, while another is working on division of three digit long numbers, and yet a third is still learning subtraction of whole numbers.

Each child works at his or her own pace, individually and, at other times, in a small group of other students whose progress is equivalent to theirs. When a child believes he has mastered a learning objective, he is given a post-test. The test is brief, to the point, and can be quickly graded by the teacher, giving immediate feedback to the student of his progress.

If the concept has been mastered, the student moves on to another objective. However, if the student's score falls below the proficiency level he is given alternative learning activities. Ideally, these activities are varied enough so that the student who is a visual learner can learn by seeing, while the student who is an auditory learner can master the same material by hearing. Other students are tactile learners and do best when they can feel the learning materials (e.g., hold three pennies in their hand to understand the concept of "three").

# Supplementary Materials

## Force Field Analysis

*Purpose* — to explore problem-solving alternatives if the group "runs into a brick wall" while designing or implementing the program.

Work at chalkboard or on newsprint.

### Directions

Have the group describe the problem. Then ask the group members to describe the desired outcome for that problem. Try to make sure that the desired outcome is described as thoroughly as possible, e.g., "We need additional help to do training and supervision of volunteers" instead of "We need more help."

Write the desired outcome vertically on chalkboard (see diagram).

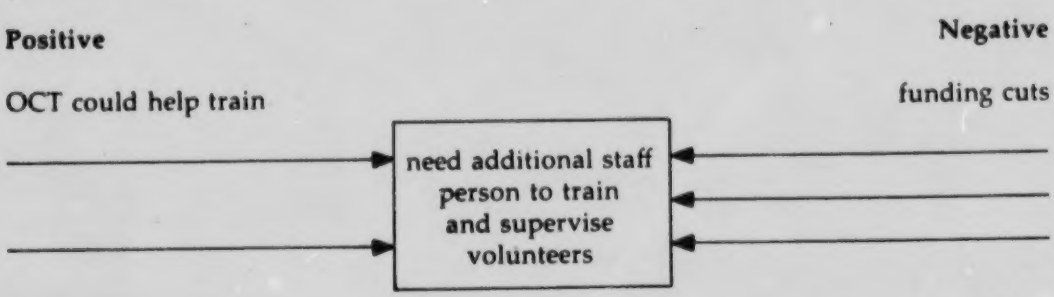
Then begin to list forces working against achieving the desired state. Write each of these Negative forces on an arrow pointing to the left, e.g., funding cuts (see diagram). When you have listed all the Negative forces, begin listing the Positive forces — forces which could help you achieve your goal, e.g., OCI or Volunteer Services could help you train volunteers.

Now ask the group to examine your diagram. Ask: "What are some ways we could eliminate or weaken some of the Negative forces?"

As they give you answers, modify your diagram on chalkboard.

Then ask, "What are some ways we could strengthen or add to the Positive forces?"

Again modify the diagram on the chalkboard, i.e. add arrows, eliminate or modify others. By the end of the exercise, you should have weakened the negative forces and strengthened the positive ones, perhaps changing the balance and making your desired outcome more attainable.



# Lay Therapists

## by Helen Alexander

*Purpose* — This reading gives an excellent description of a volunteer program from start to finish. The readings provided in the modules are excerpts from various programs. This may lead to the question, "How does one entire program work?" This article should provide a good picture of the functioning of this program.

# Lay Therapists

Helen Alexander

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*Aims and Accomplishments*

*No child has been seriously reinjured in any family with which a lay therapist has been actively involved.*

Based on Dr. Brandt Steele's and Dr. Carl Pollock's psychiatric studies and treatment of abusive families, the concept of a "surrogate parent" or a "mother" (nurturing) person as an essential factor in such treatment, became the model for intervention and help for the total Child Protection Team. The problems of time, availability and cost of professionals to give the amount of care needed, led to the consideration of using lay persons who, in their own lives, had received adequate mothering and could comfortably provide for abusive parents the supportive, loving relationship so desperately needed.

In 1969, we initiated the Lay Therapist program at the University of Colorado Medical Center and have continued as a small demonstration project with very satisfactory and discernible results. No child has been seriously reinjured in any family with which a lay therapist has been actively involved. Although actual objective assessment of this kind of program is very difficult, there certainly has been a subjective observation of growth on the part of the parents, both in their own ability to cope and enjoy life, as well as their relationship to their children. We have also seen the use of the lay therapist as a link to community resources and a safe person to use in times of crisis. As part of this, we feel that voluntary foster-care placements for a number of families in times of stress were accomplished because of the lay therapists' involvement with the families and several permanent relinquishments were instigated because of the lay therapists' ability to help parents consider this option and not feel condemned for their decision.

*Structure*

*The amount of time spent with each family varies, but, initially, will be massive.*

A unit of 8 lay therapists, coordinated by a social worker, operates as an integral part of the total treatment program available at The National Center for the Prevention and Treatment of Child Abuse and Neglect. The social worker spends approximately ⅓ to ½ of her time directing the lay therapy program. Other staff are used as much as needed for consultation and training, but a psychiatrist meets regularly with the lay therapists and is available for evaluation of either children or parents as required by the lay therapists.

*The social worker meets weekly with the lay therapists and is available for individual contacts or phone calls as needed; usually beginning lay therapists phone frequently, even daily, and need someone readily available to them at any t...*

The lay therapists are employed on a part-time basis up to ¾ time or 20 hours weekly. This was established as the most amount of time we felt a person could reasonably give of themselves in such emotionally-draining relationships. The present remuneration is $2.65 per hour, and the amount for wages for 3 lay therapists per year would be $16,890-20,000, depending on the amount of time each one was able to work.

Each lay therapist is assigned only one family at a time and carries from 1 to 3 families total, depending on their time and the needs of the particular families. All families assigned must be evaluated by a professional, preferably a psychiatrist, who has had adequate experience in working with abusive families and can make good diagnostic assessment of the appropriateness of this treatment modality.

The amount of time spent with each family varies, but, initially, will be massive. Usually beginning in a time of crisis, the lay therapist needs to spend between 10-15 hours per week with the family for the first 2 weeks, gradually tapering down to a regular 3-5 hours a week in visits and phone calls. The lay therapists are available by phone at any hour and reach out to the family and must be able to sustain their efforts at making contact and developing a relationship. The expectation is that the lay therapist will pursue the family and not expect the family to respond quickly or openly to his/her contacts.

*Many times a parent has been able to share — before serious trauma occurs — his/her need for relief only to the lay therapist, with the expectation that the lay therapist will explain the situation to the professionals involved.*

The social worker meets weekly with the lay therapists and is available for individual contacts or phone calls as needed; usually, beginning lay therapists phone frequently, even daily, and need someone readily available to them at any time. All families followed by the lay therapists should be known to another team member and, preferably, at least have met the social worker and psychiatrist who work with the lay therapists. As well as the lay therapists' phone number, the family will have either the social worker's or another staff member's phone number.

The lay therapists are free to call or consult any staff member as needed. This has not been abused and provides very useful communication as well as helping the lay therapists recognize their vital and respected role in the care of the families.

Confidentiality is a required base on which they operate and, as part of our team, share and receive any information that is appropriate or useful. They do, however, reserve with the family, the right *not* to disclose information shared by the family if requested. This is a very rare occurrence, as the lay therapists offer themselves as a bridge to communication which the families generally welcome and find so difficult to establish on their own. At the beginning, the family must know that the lay therapist is part of a team and will share and communicate with all others involved.

*The availability of the social worker to the lay therapist in times of crisis . . . is essential.*

The lay therapist is very clearly a vital part of the program and his/her opinions and concerns are given equal consideration. This is in contrast to the low priority and recognition given most volunteer workers.

*Role and Responsibilities of Therapists*

The role, as stated previously, is to be a loving friend whose only real responsibility is to provide this relationship to the parent. From the beginning, it must be clear that the lay therapist is there *for the parent* and not primarily for the child, although the child will benefit in the long run. The lay therapist cannot be responsible for protecting the child. If, however, a situation of jeopardy for the family arises, the lay therapist will alert others involved with the family or the staff. They do not report, testify in court, or assume any other responsibility that they do not have already as a private citizen. This arouses considerable concern, initially, both for those interested in starting a program for lay therapists as well as potential lay therapists themselves. Our experience has been that the lay therapist finds him/herself in the unique position of being a safe and trusted friend with whom the parent is far freer to share feelings of inability to cope at a particular time or with a particular child. The lay therapist's role has often been an advocate position to help the parent either find foster care, baby-sitting or even relinquish planning. Many times a parent has been able to share — before serious trauma occurs — his/her need for relief only to the lay therapist, with the expectation that the lay therapist will explain the situation to the professionals involved.

*The parent's vulnerability to loss and expectation of rejection make vacations, missed contacts or unavailability when wanted, very crucial parts of the lay therapist's understanding and commitment.*

The nurturing role is the key to the whole program and is a simple-seeming concept but becomes, at times, a very difficult and complex relationship which requires much help and support from the social worker who works with the lay therapists. In a sense, even this relationship is a paradigm for that between the lay therapist and the family. The availability of the social worker to the lay therapist in times of crisis as well as her presence at regular meetings to review what is occurring in the relationship is essential. The psychiatric consultation and availability of the psychiatrist is also extremely useful. Most families have far more serious difficulties than is, initially, apparent, although at times they are not able to use psychiatric treatment. The lay therapists need as much understanding of the families as possible and a clear concept of how they can help and in what areas they cannot. For example, one young mother was referred to the program at the time of discharge from a psychiatric hospital. During hospitalization, she had talked about her feelings and behavior toward her youngest daughter. She was being

referred to a community mental health clinic as well as continuing in a special program for specific help with her sexual problems. The mother talked openly of her sexual involvement with another woman but soon began to transfer her feelings and solicitations to the lay therapist. In the interim, she did not continue in the sexual therapy program and the referral to the community mental health clinic was a fiasco. Both Child Welfare and a staff person were directly involved but her primary therapy failed in even getting established. The lay therapist needed considerable help and support in finding a way to sustain her nurturing relationship without being involved in the mother's sexual advances. The lay therapist's feelings were equally as important as trying to understand what was happening in her relationship with the mother and the mother's feelings. The psychiatrist was most helpful in sorting out the dynamics in terms of what was known and also met with both mother and lay therapist to understand further, but primarily to clarify that the relationship could continue although the lay therapist was not interested in having a sexual involvement. This use of the psychiatrist was most helpful and most of the sexual advances stopped, allowing the real interest and support to be shown and used. The lay therapist was also offering a very therapeutic experience in helping this mother separate her very deep dependency yearnings from her sexual advances which seemed mostly aimed at trying to get her dependency needs met.

*Others could not fully accept the philosophy of approach that we are asking their relationship to be based upon; among these are those who feel compelled to have fast results or cannot refrain from directing others' lives or making value judgments.*

Although these parents share this need for a long-term, close, supporting relationship, their ways of relating to life situations and persons vary tremendously and require considerable skill and understanding to know how to offer this relationship and what their behavior may really mean in terms of their underlying needs.

The parents' vulnerability to loss and expectation of rejection make vacations, missed contacts or unavailability when wanted, very crucial parts of the lay therapist's understanding and commitment. Although these are unavoidable at times, and vacations absolutely necessary, the parent's feelings must be understood and dealt with quickly and often repeatedly. Preparation for lessened contacts or missed appointments should be made well in advance and another person be made available for at least phone calls or visits, if possible. The social worker can often offer this backup, and for extended periods another lay therapist may be assigned.

The relationship does not formally terminate. In fact, the expectation is that as long as the two families remain in the Denver area, they will probably have some contact, such as exchange of birthday cards, phone calls for occasional reassurance and, if further crises arise, the availability of a

trusted friend. However, the [illegible] around 18 months to 2 years and then a gradual lessening of contact, often related to circumstances such as the mother's employment or returning to school, etc. The ongoing contact may be made less frequently, but will continue for up to another 2 to 3 years. During this period, there are usually fewer crises, but when they occur the lay therapist becomes very active again. If, during this time, a lay therapist leaves the program, another lay therapist would, in all probability, be offered to the family. Occasionally, the families refuse this, but if they have other resources for help available, they are not pushed. If no one else is actively working with the family, every attempt is made to see that they get connected with another lay therapist.

*Selection and Training*

*The young, abusive families may truly resent another "mother" even though they long for the care and love they never adequately received.*

The single most important aspect of the program is the selection of the lay therapists. The criteria are "soft" in that they are based on personal qualifications rather than education or work experience. Initially, all potential lay therapists are interviewed in depth regarding their own early life experiences, their present family situations and their feelings regarding abuse and abusive families. We are interested in learning about whether they felt *truly* loved and accepted by their parents or other significant persons in their early years; whether they feel comfortably successful in their role as parents now and have adequate support systems in their present lives to allow them to give freely and not feel "overdrawn" emotionally. We are looking for those who can also empathize with the abusive parents' plight and have come to some understanding of their own aggressive feelings toward their children. This does not, however, mean we are looking for people who have experienced no difficulties but those who have found some useful and helpful ways of dealing with their own problems.

*The group we have found to be most effective are those whose own children are in school.*

Time is a valuable tool in selection in that it allows both the potential lay therapist and the staff an opportunity to really know each other in depth and determine the appropriateness of this program for the particular person. Some have chosen not to pursue the program as it was impossible for them to offer the kind of availability required due to their own family [illegible] could not fully accept the [illegible] asking their relationship [illegible] those who [illegible] refrain from directing [illegible] judgments. Others were not accepted for the program because it became apparent that they would not adjust to our expectations for the program.

Age is of some consideration as our experience indicates that those with very young children are not available both emotionally and practically as needed, although with exceptional babysitting and spouses' support, they might be. Older women — those whose children are grown and out of the home — are the most available; however, this group presents other difficulties which must be considered. First, the young, abusive families may truly resent another "mother" even though they long for the care and love they never adequately received. Because of their experiences, past and present, with their own parents, another parental figure may be too frightening and difficult to accept. The older lay therapist may tend to replace her own grown children with the "adopted" family and find her expectations much too high and her own values too hard to set aside in relation to her "new children."

The people we have found to be most effective are those whose own children are in school. They are still close enough to the early infant and toddler-rearing stage to recall clearly the problems and frustrations as well as some of the specifics that they found useful in handling their children. The abusive parents generally view these persons as peers or friends and can more comfortably accept the "mothering" without being so angry at and/or fearful of the friend who provides it.

As has been implied, we have required that the lay therapists be parents themselves, although this has been waived in one instance. Generally, I think this is a very valid requirement and feel that those who have experienced both the joys and pains of parenting have a better understanding of the difficulties the abusive or potentially-abusive parents face and have a useful reservoir of experience to draw upon.

*The use of group meetings seems to be a most effective way of sharing experiences.*

Training begins with the initial interview in which the program and the kind of commitment expected are explained. The potential lay therapists are then brought into two meetings, one in the hospital which is a dispositional staffing of all incoming cases; the second, a discussion of ongoing care and treatment of families. The hospital staffing provides exposure to the hard facts of child abuse: kinds of injuries, family constellation and problems, and the role of the hospital and staff in relation to the community and the families. The discussion meeting offers the opportunity to: (1) consider child abuse and particular situations in depth, (2) learn how the lay therapists and staff have worked with families, (3) learn what the expectations for the lay therapists are, and (4) learn the kinds of problems that might be encountered.

The weekly meetings for the lay therapists are attended by staff, as requested, for consultation or for discussion of a par-

ticular family. These meetings have been particularly meaningful to the lay therapists as times of mutual support and sharing of experiences and have helped to cement relationships. Some individual conferences are held especially for the new lay therapists but most discussion is done in a group setting which provides a helpful learning situation for all. The use of group meetings seems to be a most effective way of sharing experiences, and, I believe, broadens the learning experience for all while bringing to light some valuable observations made by the lay therapists as they discover the community of certain problems and behavior.

The training has been very informal but, essentially, is based on a considerable amount of exposure to staff discussion regarding child abuse as well as specific cases.

Two books: *The Battered Child*, C. Henry Kempe, M.D. and Ray Helfer, M.D. and *Helping the Battered Child and His Family*, (same editors), are required reading with special attention to the chapters by Drs. Steele and Pollock, Elizabeth Davoren and Helen Alexander. All reprints of articles or material written or recommended by the staff are available to lay therapists. The period of time involved from the first interview until a lay therapist is assigned a family is about 3 months, longer if appropriate for the particular lay therapists. On the few occasions that a lay therapist has been assigned within a shorter period of time, we have encountered difficulties — one of them being that the lay therapist is not adequately integrated into our team and consequently lacks the necessary background and support. Expectations for themselves as well as the families are unrealistically high but most of all they cannot truly incorporate the philosophy of the program and approach without having the necessary preparation. Although the relationship is based on what the lay therapist brings from his/her own life experience, it is also very much guided and influenced by a full understanding of the dynamics of child abuse and what specifically *we can do* (as well as cannot do) to help. We believe it takes professionaly-trained staff somewhere around 6 months to fully incorporate these concepts so 3 months does not seem an unconscionable long training period.

*We have many different people and programs to which the lay therapists have access and which provided added stimulation to enhance their personal learning and growth.*

As to more specific program guidelines, we suggest an initial interview, to be followed by 3-4 weeks of group meetings, and further individual contacts, preferably with more than one staff person, to allow some comparison of impressions. At this point, a tentative agreement is made to either accept or reject the applicant.

The potential lay therapist is then put on the payroll but a family is not assigned for about another 2 months. Lay therapists are paid for their time in training, but, also, it is understood that they are not definitely committed and they

can withdraw from the program or *we* might reconsider their employment with us. It must be clear that many able and good people might not be appropriate for this particular program for many reasons. By the time a family is to be assigned, a very definite decision must be reached and the commitment agreed to by the lay therapists.

*The purposes of the regular meeting are to teach and support the lay therapists.*

The purposes of the regular meeting are to teach and support the lay therapists. In the Medical Center, as well, we have many different people and programs to which the lay therapists have access and which provide added stimulation to enhance their personal learning and growth. I believe it is important to make available as many enriching experiences as possible since this helps to maintain people in the program. For lay therapists to give to the extent that we expect and, as they have demonstrated, to give *beyond* even our expectations, they deserve all the respect, encouragement and support we can possibly give them.

# Questionaire for Parent Aide Programs

*purpose* — Although many volunteer programs are described in these training materials, you may find it useful to gather additional information about specific volunteer parent aide programs. This can easily be done through telephone interviews. This interview form* may be used for that purpose.

*form from Michigan State Department of Social Services, Division of Protective Services. Model Design and Training Manual for a Parent Aide Program. Manual compiled by: Beverly Kapelle, Virginia Scott, and Sue Western, July, 1976. DSS Manual No. 60

## Questionnaire For Parent Aide Programs

Contact Date: _____

Person Contacted (Title): _____

Telephone Number: _____

Address: _____

Agency Affiliation: _____

*Community Description*

1. Size of area served: _____
2. What is the social agency climate of the community in terms of child abuse programs; e.g., many agencies healthy:

   _____

   _____

   _____
3. How would you describe your community in terms of socio-economic factors?

   _____

   _____

*Program Description:*

1. Program history (when and by whom begun?):

   _____

   _____

   _____
2. Are you a (a) private agency ____, (b) public agency ____, (c) combination agency and volunteers ____.

3. Do you have other programs for abusive parents — List others.

_____

_____

_____

4. Funding: (Specific to the Parent Aide Program or state otherwise)

   A. History of funding (i.e., private, foundation, public)

   _____

   B. Amount of annual funds _____

   Is this enough? _____

   C. How monies are spent _____

   _____

   _____

| *Staff:* | *Title* | *Salary* | *Hours* |
|---|---|---|---|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

*Office Space* _____

*Parent Aides* _____

*Other* _____

5. Is there a governing board? If so, make-up and number of meetings per year.

_____

_____

6. Do you provide trained parent aides for other agencies?

_____

If yes, do the other agencies reimburse the parent aide program for these services?

_____

*Recruitment:*

1. How are parent aides obtained?

   A. By Volunteer Services agency? _____ Other _____

   B. Is media used in recruitment and how?

   _____

   _____

   C. Is there a Speaker's Bureau? _____

   D. What do you consider your most successful method of recruitment?

   _____

   _____

2. How are volunteers screened? _____

   _____

   E. Are special efforts made to recruit minorities?

   _____

   A. Who does the screening? _____

   B. What is the criteria used? _____

   _____

3. How long a commitment is requested of a parent aide?

_____

*Training:*

1. How extensive is the training program? _____

_____

A. Number of Sessions: _____

B. How long is each session? _____

C. How are sessions organized (ask for specific breakdowns of each session concerning content, topics, methods, etc.

_____

_____

_____

_____

_____

Most effective? _____

_____

_____

D. Are outside personnel involved and how? _____

_____

_____

_____

2. Who is responsible for running the training program; e.g., agency, voluntary action center, etc.):

_____

3. How many times per year are training sessions conducted?

_____

4. How many volunteers can be effectively trained at one time?

_____

5. Do you use a training manual?

_____

6. Do you have an in-service training program? What do you see as the most helpful aspects of your training program?

_____

_____

_____

_____

*Supervision:*

1. Do you have a paid or parent aide supervisor?

_____

2. How many hours per week is spent by that person? Is that enough?

_____

_____

3. What are the responsibilities of the supervisor (case coordination, group or individual supervision and how often)?

_____

_____

_____

4. **What criteria are used for matching parent-aide with client?**

_____

_____

_____

_____

5. **What number of parent aides do you have?** _____

   **How many clients are serve by this program?** _____

   **How many clients may be assigned to each parent-aide?** _____

6. **Do the parent aides keep records? (time, mileage, written/oral reports, etc.)?**

_____

7. **Is there supervision and involvement for the volunteer with the original caseworker?**

_____

8. **What is the turnover rate for volunteers in this program?**

_____

9. **What do the volunteers see as their rewards?**

_____

*Miscellaneous:*

1. **What tools do you use for an on-going evaluation of your program?**

_____

_____

_____

2. Has your program changed from its original concept?

_____

_____

3. Do you know of another successful parent aide program where we could obtain additional helpful information?

_____

_____

_____

Remind the contact of our need for any literature (handouts, manuals, etc.) and check for costs.

# Program Evaluation

> "Criticism is a study by which men grow important and formidable at a very small expense. The power of invention has been conferred by nature upon few, and the labour of learning those sciences which may, by mere labour, be obtained, is too great to be willingly endured; but every man can exert such judgement as he has upon the works of others, and he whom nature has made weak and idleness keeps ignorant, may yet support his vanity by the name of a critick."
>
> Sammual Johnson

No innovative or new program can escape criticism. Often the criticism from others activates our own self-doubts. Sometime during the course of a new venture, we may ask ourselves, "Am I doing the right thing?" or "Are we really making a difference?" The answers to these questions are available after the evaluation process.

Evaluation, based on the reasonable questions and concerns of professional staff who want to know that they are doing the best possible job, can keep a program 'on target' — that is, deliver more services to clients with the least wasteful expenditure of resources. Here are some suggestions for evaluation:

- Design evaluation early in the program — preferably, before working with the first clients. This will help prevent the evaluation from becoming a 'tacked-on' afterthought.
- Utilize the resources of the Department of Human Resources Planning Office. Consultants can be very helpful in clarifying the questions you want to ask and in designing efficient ways to answer those questions.
- Keep the evaluation process as simple as possible.

Here is a list of factors that some programs have used to assess the effectiveness of their program:

a. incidence of abuse
b. severity of abuse
c. change in client's self esteem
d. change in parent's behaviors — i.e., utilizing alternative methods for the discipline of children.

For your information, three of the Data Collection forms used by the Parent Aide Program* at the University of Kansas Medical Center are on the following pages.

*From Training Manual for Parent Aide Coordinator, Child Protection Team, Dept. of Child Psychiatry, University of Kansas Medical Center. Jeanne E. Fish, Ph.D., Team Chairperson, Margaret A. Presley, LMSW, Parent Aide Coordinator.

## Family Data Sheet

Name: _____ Date: _____

Parent Aide: _____

_____

This information will be used for the purpose of evaluating our project only and will be shared only with child protection team members. Please rate how you feel about the benefit of your parent aide in the following areas:

| | Not Satisfactory | Slightly Satisfactory | Moderately Satisfactory | Highly Satisfactory |
|---|---|---|---|---|
| 1. Overall benefit of Parent Aide | | | | |
| 2. Availability when needed | | | | |
| 3 Working out problems with agencies | | | | |
| 4. Problems dealing with my children | | | | |
| 5. Feelings about myself | | | | |
| 6. Making use of treatment programs | | | | |
| 7. Understanding me or my situation | | | | |

8. I ☐ cannot, ☐ sometimes can, ☐ usually can, ☐ can, trust my Parent Aide.

9. Comments:

## Parent Aide Data Form

Family Name: _____ Date: _____

Parent Aide: _____

Date of Assignment: _____

---

Please evaluate your involvement as a parent aide from time of assignment but with particular attention to the past 3 months.

| | Not Effective | Slightly Effective | Moderately Effective | Very Effective |
|---|---|---|---|---|
| 1. Training program effectiveness in preparation for role as Parent Aide: | | | | |
| 2. Training program effectiveness in coping with the problems of your assigned parent and family: | | | | |
| 3. Your perception of the benefit to the family of your involvement with them: | | | | |

4. Check the needs of your assigned family which are not currently met by community resources:

Hot Line ☐

Crisis Nursery ☐

Financial Aide ☐

Therapeutic Day Care ☐

Medical ☐

Treament ☐

Other _____

_____

5. In what ways could the agencies supporting your efforts be more effective in helping you? (e.g., collaboration, contact with family, etc.)

6. How do you see yourself in the Parent Aide role? What do you see as the most valuable thing you do for the family? What is valuable to yourself?

7. In what way could the training program be changed to be more effective?

   a) more medical information ☐

   b) more psychological-social information ☐

   c) more ways to deal with family's feelings ☐

   d) more help in dealing with my feelings ☐

   e) other: _____

   _____

## Treatment Agency

Date: _____

Family Name: _____

Parent Aide: _____

Date of Assigment: _____

Agency: _____ Worker: _____

Date Of Initial Court Hearing: _____

---

1. Have there been any incidents of abuse in the past 6 months? Please describe:

2. Has the situation which caused the original concern (referral to Parent Aide Program) for this family changed? Please explain:

3. Has the child(ren) been in foster care in the last 6 months?

   Yes ___ No ___ Dates: _____

4. Has the parent(s) been in treatment in the last 6 months?

   Yes ___ No ___ Dates: _____

   Agency _____ Therapist _____

5. Has the child(ren) been in treatment in the last 6 months?

   Yes ___ No ___ Dates: _____

   Agency _____ Therapist _____

6. How do you feel about the Parent Aide involvement in this case?

   Unsatisfactory, not beneficial ☐ Needs improvement ☐

   Slightly beneficial ☐ Highly satsifactory ☐

7. What is the parent's (self-report) perception of the Parent Aide as reported to your agency?

   Unsatisfactory ☐ Needs improvement ☐

   Slightly beneficial ☐ Highly satisfactory ☐

8. Has the use of the Parent Aide in this case allowed better utilization of your professional intervention with the family?

   If so, in what way?

9. Has the assignment of a Parent Aide made a difference in the following areas?

   a) Consistancy of attending appointments. (circle one) More Less

   b) Progress in making changes ☐

   c) Demands on professional time ☐

# Slide/Tape Scripts

## Slidetape Program: Teaming Up — How Volunteers Can Help

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 1/ | Photo: SW driving up | | Car noise |
| 2/ | Photo: SW walking to house | | Footsteps Knocking |
| 3/ | Photo: Hand knocking on door | SW: Hello, Mrs. Burton? | |
| | | NA: Families who abuse or neglect their children can present a dilemma for the social work professional. | |
| 4/ | Photo: SW talking to Woman | W: Yes, what do you want? | |
| | | NA: Frequently reluctant or afraid to let others into their lives . . . | |
| 5/ | Photo: SW on porch with family | NA: . . . Families who abuse or neglect their children are often multi-problem families requiring many services. | |
| 6/ | Photo: Child watching SW leave | NA: . . . and the services available are often inadequate or inaccessible to them. | |
| 7/ | Photo: DHR worker at file cabinet | NA: They represent cases ineligible for ongoing services. | |
| | | SW: . . . and there was no validated abuse. | |
| 8/ | Photo: DHR worker at staffing | NA: . . . cases closed early — before the professional is fully satisfied that family conditions have stabilized . . . | Low murmurings |
| 9/ | Photo: DHR worker at staffing | NA: . . . and cases partially served. | |
| | | SW: Their son needs a medical but I can't meet with the family until next month. | |
| 10/ | Outline map of Texas with DHR seal in center | NA: The challenge of providing services to abused and neglected children in Texas increases each year . . . | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 11/ | Bar graph | NA: | . . . as community awareness and reporting also increase. | |
| 12/ | TPS staff chart | NA: | In addition, a rapid expansion of protective services staff in 1975 has been more recently followed by a statewide decrease in personnel, creating the need for additional help. | |
| 13/ | Outline map of U.S. with dots for locations of various programs | NA: | Throughout the country many agencies in innovative roles provide this help. | |
| 14/ | Outline map of Texas with dots to show Texas agencies | NA: | A growing number of Texas programs attest to the usefulness of volunteers. | |
| 15/ | Photo: Volunteer roles | NA: | These volunteers function in direct helping roles with clients, as therapeutic daycare workers, hotline counselors and parent aides. | |
| 16/ | Scales with words | NA: | The innovative role of the parent aide will be the focus of this training program. Parent aies in the area of child abuse have many names, including parent helper, visiting friend, and lay therapist. | |
| 17/ | Photo: Silhouette of two people | NA: | Parent aides are trained nonprofessionals who provide clients with a supportive one-to-one relationship. | |
| 18/ | Circle around silhouettes with words | NA: | Volunteers have been used successfully for many years in the areas of education, juvenile delinquency prevention and mental health. | |
| 19/ | Photo: Photo of reports spread on table | NA: | Results have been impressive. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 20/ | Close-up of Carkhuff study | NA: | In the field of mental health, for example, studies reveal the effectiveness of trained lay therapists. | |
| 21/ | Professional/lay treatment chart from Carkhuff | NA: | . . . Lay therapists have clients who demonstrate positive changes as great or greater than the patientsf professionals. | |
| 22/ | Photo: Functioning activity | NA: | Studies of programs using parent aides in the area of child abuse and neglect suggest that parent aides are effective in improving the daily functioning of the client. | |
| 23/ | Umbrella with words | NA: | Significant areas of improvement include: sense of child as person; behavior toward child; ability to talk out problems; way anger is expressed; and sense of independence. | |
| 24/ | Descending arrow | NA: | In addition, many programs claim that recidivism rarely occurs in families where parent aides have worked intensively. | |
| 25/ | C/A project report Words Child Abuse Coordinating Project | NA: | The Child Abuse Coordinating Project in Syracuse, NY which uses parent aides in conjunction with other services, reports: | |
| 26/ | Photo: Child being returned home | SW: | We found that the number and length of foster care placements dropped drastically after parent aides began work. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 27/ | Question mark | NA: | How can we explain the effectiveness of volunteer programs? What do volunteers have to offer? | |
| 28/ | Family Focus logo | NA: | To answer the questions, here is Donna Garrett, a DHR Supervisor II and director of the Family Focus program in Belton, Texas | |
| 29/ | Photo: Split photo Donna Garrett and words-High Risk families | DG: | Our 35 volunteers work primarily with high risk families. | |
| 30/ | Photo: Groups of families | DG: | Those families want and need help, yet because of our heavy child welfare caseloads, we are not able to give them high priority. | |
| 31/ | Photo: Family Focus worker making visit | DG: | After a case is referred to the parent aide program, a Family Focus worker makes a first visit to determine whether the client is interested in participating and to identify family problems. | |
| 32/ | Photo: Worker introducing volunteer | | On her subsequent visit, she introduces the volunteer to the client, but not before she prepares both the parents and the volunteer for this meeting. | |
| 33/ | Photo: Collage | DG: | After an initial visit with the Family Focus worker, the volunteer works with the family to carry out the plan of service, keeps narrative records and attends case staffings. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 34/ | Face of a clock with words inside | DG: | In addition to carrying out these duties, parent aides bring an added benefit to the client — that of time. | |
| 35/ | Photo: Calendar | NA: | Time *can* make a difference. | |
| 36/ | Family album | NA: | In a 1976 study conducted by Berekley Planning Associates, clients were more likely to improve their daily functioning and less likely to further abuse their child who received services for 6 months or longer. | |
| 37/ | Photo: Parent opening door | DG: | A look at volunteer Janice Green's relationship with the Minton family can illustrate how *time* can powerfully change the quality and effectiveness of an intervention. | |
| 38/ | Photo: Selena and Janice talking on phone | NA: | Janice gives her time in a number of different ways: frequency of visits (at last once a week), | |
| 39/ | Selena and Janice visiting | NA: | availability by telephone (24 hours every day), and length of time the case is open. | |
| 40/ | Photo: Mother/child answering the door | JG: | Hi, Selena. Hi, John. Have a good week? | |
| | | NA: | As her relationship with the family develops, Janice feels more comfortable with them, and they with her. | |
| 41/ | Photo: Volunteer speaking | JG: | Look, I know John's been sick all week and it's caused you to get behind in your work. While we're talking, why don't I help you get the kitchen straightened? | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 42/ | Photo: Three in kitchen | NA: | By 'pitching in' with home management and child care tasks, Janice provides a role model and teaches by example. | Voices in background |
| 43/ | Photo: John and Janice | JG: | I want to help! | |
| 44/ | Photo: John and Janice | JG: | OK, John. Would you help me wipe the table? | |
| 45/ | Photo: Mother on phone | NA: | Janice is also available to help during a crisis situation. | |
| 46/ | | SM: | Jan, I know it's late but Bill's back and he's furious with John and I don't know what to do. | |
| 47/ | Photo: Volunteer and parents on couch | NA: | 1) Her interventions not only prevent child abuse from occurring, but teach effective ways to deal with future crises. | |
| 48/ | Photo: At a Child Care Center | JG: | 2) The next time you two need a few hours alone to talk, you could try this child care center. Why don't we go in and talk with the director. | |
| 49/ | Graphic and Photo: Two women w/words on top | NA: | Woven throughout her relationship with the Mintons is one of the most important interventions. Reparenting. | |
| 50/ | Photo: Children left to themselves | NA: | There is agreement in research studies that many abusive and neglecting parents lacked parental nurturance as a child. There seems to be a cycle of inadequate parenting. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 51/ | Photo: Women outside car laughing, being together | NA: | Now Janice temporarily becomes the strong, caring parent Selena never had. By listening, showing her willingness to become involved in Selena's life; | |
| 52/ | Jan encouraging Selena | NA: | by remaining optimistic about Selena's capacity to grow and by her . . . | |
| 53/ | Photo: Two Women on phone | NA: | . . . non-judgmental acceptance she allows Selena to enter the first state of their relationship — that of dependency. | |
| | | SM: | Where have you been? I've been calling you all day, Jan. | |
| | | JG: | You sound really upset, Selena . . . You really want to know that you can depend on me, don't you? | |
| 54/ | Photo: Jan and Selena talking | NA: | Then weeks or months later as Selena learns that she can depend on Janice, she moves into the second stage of their relationship; interdependence. | |
| | | SM; | You know, I think you *like* coming here and helping me. | Laughter |
| | | JG: | I do. | |
| 55/ | Photo: Mother/child leaving house | NA: | . . . and finally, independence. | |
| | | SM: | Hi, Jan. John and I are going into town to do some shopping. Want to come? | |
| 56/ | Photo: Mother and child (very affectionate) | NA: | Reparented adults are more likely to adequately parent their own children. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 57/ | Words: Staff and volunteer | NA: | Before we leave the Minton's let us review the case dynamics and see how the professional and the volunteer team up together to achieve casework goals. | |
| 58/ | Photo: Caseworker and volunteer working together | NA: | To achieve the goal of Less Social Isolation and Better Use of Community Resource, the caseworker and volunteer work together to determine the plan of service. | |
| 59/ | Photo: Janice takes parents to nursery | NA: | The volunteer may actually accompany the parent to appointments. | |
| 60/ | Photo: John wiping table | NA: | To help the parents develop appropriate parenting skills, the volunteer consciously uses role modeling | |
| 61/ | Words: On-going training session<br>Photo: Staff Planning | NA: | while the professional is responsible for designing ongoing training sessions to constantly sharpen the volunteer's own parenting skills | |
| 62/ | Photo: Volunteer on phone | NA: | The volunteer contributes to the goal of Better Crisis Management through her accessibility to the parent 24 hours a day. | |
| 63/ | Photo: Volunteer at staffing | NA: | And the professional provides the volunteer with an opportunity to discuss crisis management strategies at case staffings. | |
| 64/ | Words: Bond | NA: | Throughout the case the parent's self-concept increases as she is able to *bond* to the volunteer. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 65/ | Photo: Janice and Selena visiting | NA: | This bonding allows her to feel trust and confidence in another person while experiencing nurturance and nonjudgmental acceptance. | |
| 66/ | Photo: Volunteer and her supervisor talking | NA: | The volunteer in turn, receives support and encouragement from the professional. | |
| 67/ | Same Photo: Closeup of faces | NA: | She receives | |
| 68/ | Photo: Volunteer with parent | NA: | and she gives | |
| 69/ | Photo: Face of parent | NA: | and the parent grows . . . | |
| 70/ | Photo: Janice looking at family | NA: | with Janice's additional help, child abuse is no longer a problem in the Minton household. | |
| 71/ | Family Focus Chart | DG: | Janice did not handle this case alone but with the full support of our Family Focus Program organization. The Family Focus Program is an integral part of the . . . | |
| 72/ | DHR Chart | DG: | Protective Service Division in the Belton, Texas offices of the Department of Human Resources. | |
| | | NA: | This organizational structure for a volunteer program is one of many possibilities. | |
| 73/ | Travis County Chart | NA: | For example, the Travis County Lay Therapy Program which deals only with validated cases, is housed within an ongoing unit of the protective services division. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 74/ | Regional Mental Health Chart | NA: | Project children which provides parent aides for 5 rural counties in Indiana, recruits its 40 volunteers to work from a Regional Comprehensive Mental Health Center. | |
| 75/ | Family Outreach Chart | NA: | Family Outreach of Richardson-Plano, Texas, one of nine Texas Family Outreach Centers, is administered jointly by a managing board made up of members of the National Council of Jewish Women and members from the Dallas County Child Welfare Department. | |
| 76/ | SCAN of Arkansas | NA: | SCAN of Arkansas, with 300 volunteers, an independent corporation which works under a Title XX contract for the Arkansas Social Service Division. | |
| 77/ | Issues poured from bucket | NA: | Although there is much diversity among existing models, there are some underlying issues that each of these programs had to deal with. | |
| 78/ | Curriculum package logo with title | NA: | The Innovative Services: The Use of Parent Aides in Child Protective Services training program addresses each of the following issues. | |
| 79/ | Rural/urban figure | NA: | Choosing or developing a model which suits the geographic area, clients and resources available . . . | |
| 80/ | Pot of gold | NA: | exploring additional funding sources . . . | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 81/ | Figure at chart | NA: | . . . developing new staffing patterns and planning organizational changes . . . | |
| 82/ | Group picture | NA: | . . . providing staff awareness and training on how to use, supervise and support volunteers; | |
| 83/ | Figure holding form | NA: | . . . developing a program for recruitment, screening and training of the volunteer program; and . . . | |
| 84/ | Group picture | NA: | . . . carrying out ongoing training supervision and support for volunteers. | |
| 85/ | Photo: Statement DHR Mission | MS: | Recognizing that the Department is accountable to the people of the State . . . | Reading |
| 86/ | Photo: Commissioner reading | NA: | (Voice over the Deputy Commissoner reading) Merle E. Springer, Deputy Commissioner of the Texas Department of Human Resources reading a recently issued Mission Statement: | Voice (very low) in background reading<br>MS: 'We will encourage greater involvement by recipients, provider citizens, agencies, and organizations in the agency's decision-making. The Department will consult with groups to identify service needs and priorities and to assist the Board of Human Resources in its policy-making responsibilities.'' |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 87/ | Photo: Commissioner reading | MS: | In addition there will be ongoing efforts to recruit the public to actively participate in the Department as volunteers. | |
| 88/ | Photo: Group picture of families | NA: | The use of volunteers as lay therapists in the area of child abuse and neglect is a service option which deserves our consideration. | |
| 89/ | Photo:<br>1) Donna Garrett with staff<br>2) Speaking engagement | DG: | We owe it to *ourselves* to seriously consider this alternative. The Family Focus Project has rekindled our professional enthusiasm and generated community support. | |
| 90/ | Photo: Selena and John | NA: | We owe it to our clients to seriously consider this alternative. | |
| 91/ | Photo: Selena, John and Janice | NA: | Through volunteer programs we may provide the time and love a parent needs to grow. | |
| 92/ | Photo: Selena, John, Janice, Donna Garrett | NA: | To grow out of a position of helplessness and isolation and to exchange the cycle of inadequate parenting for a loving chain of support. | |
| 93/ | Credits | | | |
| 94/ | Grant Information | | | |
| 95/ | Title of curriculum project. | | | |

## Slidetape Program: Two Programs — A Visit

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 1/ | Title | | |
| 2/ | Photo: Women's Soccer Team | | |
| 3/ | Photo: Team sets up to score | | |
| 4/ | Photo: Team scores | NA: Teamwork. | |
| 5/ | Photo: Enthus. crowd | NA: Teamwork makes things happen! | |
| 6/ | Photo: Two women | NA: Teamword promotes comraderie. | |
| 7/ | Photo: Team planning | NA: Collaboration. | |
| 8/ | Photo: Family Outreach worker | NA: And cooperation.<br>FO: "Family Outreach."<br>JB: "Hello. This is Joanna Baker in Intake. We just received a call that you might want to check into." | Phone ring |
| 9/ | Mother with child and words | JB: "It's a self-referral by a mother with two pre-school children. One of them has severe learning problems and doesn't talk yet at the age of 4 . . ." | |
| 10/ | Photo: Collage with words | NA: Models for programs in which volunteers and professionals cooperate to assist families are as diverse as the needs of clients and their communities. | |
| 11/ | Family Outreach logo | NA: The rapid spread and acceptance of the Family Outreach model attests to its ability to satisfy the needs of clients, volunteers and professionals. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 12/ | At drawing board | | Each Family Outreach Program Center cooperatively planned by DHR staff and volunteers from a different community is tailored specifically to meet the needs of that community. | |
| 13/ | Photo: Outside of FORPI | NA: | Family Outreach of Richardson/Plano is one of 10 Family Outreach Centers in Texas. | |
| 14/ | Photo: Jackie Statman | JS: | "Let's get started." | |
| | | NA: | Jackie Statman, President of Family Outreach of Richardson/Plano, Inc. (or FORPI) calls a meeting of the volunteer organization to order. | |
| 15/ | Words and arrows | NA: | A private non-profit corporation of volunteers, FORPI contracts with the Department of Human Resources for the purpose of preventing child abuse. | |
| 16/ | Artwork with words checks | NA: | The volunteers in this organization recruit and screen their own members. | |
| 17/ | Artwork with words and checks | NA: | Volunteers secure operating funds and generate community awareness and support for child abuse prevention. | |
| 18/ | Photo with artwork | JS: | "Linda has an announcement from our Speaker's Bureau committee." | |
| 19/ | Photo: Speaker addressing group | LIN: | "Last month we reached over 200 people through speaking engagements. So far, this month, | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 20/ | Blackboard | LIN: | we have three requests for speaking engagements that need to be filled. Would someone take these? | |
| 21/ | Photo: That volunteer | Vol 1: | "I'll take the PTA." | |
| 22/ | Photo with artwork | JS: | "Yes, Betty?" | |
| | | BET: | "As you know the parenting classes sponsored by the education committee have . . . | |
| 23/ | Words on pinwheel | NA: | The range of services provided by Family Outreach volunteers is limited only by their time and creativity. | |
| 24/ | Volunteer time log with hand | NA: | Each of the 40 active members of FORPI is required to work 13 hours each month, although many of them give much more of their time. | |
| 25/ | Split screen. Jackie at meeting and machines | JS: | "A number of other family service agencies have bought telephone answering machines so they could keep their phone lines open 24 hours a day. Should we consider this? | |
| 26/ | Chart | NA: | If FORPI members decide in favor of the telephone answering equipment, that decision will be brought before the managing board | |
| 27/ | Words with artwork | | which, as the coordinating body for the Family Outreach of Richardson/Plano Center, approves policy changes and expenditures over $50. | |

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 28/ | Photo: Jackie | JS: "Any more business? None? Good, then let's eat!" | |
| 29/ | Photo: Volunteers (two women) | NA: The volunteers of Family Outreach are a strong, cohesive group. | |
| 30/ | Photo: Volunteers | NA: They desire no extra recognition from the Department of Human Resources. Personal growth, challenging work and good company provide ample satisfaction. | |
| 31/ | Figures at organizational setting | NA: Turnover is low and they credit their strong organization for much of their success. | |
| 32/ | Photo: Debbie Butler | NA: Deborah Butler, Supervisor of Protective Services at 5 Family Outreach Programs agrees: | |
| 33/ | Two hands shaking | DB: A strong organization which results from cooperative planning between the volunteer group and DHR is essential for the success of our model. | |
| 34/ | Two hands plus words | DB: Three of our Family Outreach Centers started as a joint effort between Dallas County Child Welfare and the local chapters of the National Council of Jewish Women. | |
| 35/ | Typed agreement | DB: DCCW and NCJW worked as partners, making decisions and determining policies. | |
| 36/ | Family Outreach evolving from the hands | DB: "Then, as each center became established, it ended its affiliation with the National Council of Jewish Women | |
| | | DB: and the volunteers incorporated as their own organization. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 37/ | Photo of DB with the circles centers inside circles | DB: | As Family Outreach Supervisor, I coordinate the efforts of the 5 Family Outreach Centers in the Dallas area. By supervising the Dallas County Child Welfare workers assigned to each center as casework coordinators. | |
| 38/ | Photo: DB at meeting | DB: | As liason between Dallas County Child Welfare and the Richardson/Plano Family Outreach Center, I attend all their managing board meetings, as an ex-officio member. | |
| 39/ | Photo: Jackie | JS: | . . . so we'd like to purchase an electronic answering device. | |
| 40/ | Photo: women talking at meeting | Vol 3: | "But wouldn't it be better to have a real person answering the telephone?" | |
| 41/ | Photo: Barbara leaving for next appointment | NA: | After discussion, the managing board votes to purchase the new equipment and Barbara Cox, Casework Coordinator for Richardson/ Plano Family Outreach Center rushes to her next appointment. | |
| 42/ | Photo: Barbara in her office at table | NA: | As casework coordinator and volunteer casework supervisor she has a hectic, exciting, and some would say, isolated job. | |
| 43/ | Photo: Barbara at desk | NA: | Housed in the Family Outreach offices, she rarely has contact with fellow professionals. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 44/ | Photo: Barbara receiving cases | NA: | Barbara is responsible for investigating each of the 35-40 referrals which the Center receives each month. | |
| 45/ | Hand placing cases in box | NA: | deciding which are suitable for Family Outreach and which should be referred to Intake or other agencies. | |
| 46/ | Picture with words | BC: | "We accept cases when the presenting problem is potential abuse, lack of supervision and self referrals although we frequently continue to work with a case if more serious problems emerge during our contact with the family. | |
| 47/ | Graph with percentages | | All clients work with Family Outreach on a volunteer basis. In fact, last year 51% of our clients were self referrals. | |
| 48/ | Picture — matching family with workers | BC: | "Once I decide that a case is appropriate for us, I try to match that family with the special interests and abilities of one of our casework volunteers. | |
| 49/ | Photo: Mother reasoning with child | BC: | "Although they each have at least 30 hours of casework training, many volunteers have specialities in other areas such as early childhood development or adolescent problems. | |
| 50/ | Photo: BC with worker | BC: | "If the volunteer agrees to take the case we sit down to develop a tentative casework plan. | |

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 51/ | Photo: Composite of outlined figures | BC: "Then I read case dictations they submit and conduct individual and group supervision session. | |
| 52/ | Photo: Family with volunteer in outline figure | BC: Over a 4½ year period with Family Outreach, I have been able to see clients grow and change as a direct result of the kind of personal one-on-one involvement that our volunteers provide. | |
| 53/ | Family Outreach chart | NA: Family Outreach illustrates the effectiveness of teamwork between a volunteer organization and Protective Services. | |
| 54/ | Intermission | NA: Before you continue with Part II of the slide/tape, please stop the projector and answer questions on Family Outreach in Activity 1 of Module 2. | |

**Slidetape Program: Two Programs — A Visit**
**Part II**

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 1/ | Texas map with Region VI | NA: | The Protective Services Staff of the Austin offices of Region VI | |
| 2/ | Photo: Meeting | NA: | begins the week with a Supervisor's Case Assignment Meeting. | |
| 3/ | Photo: Meeting | NA: | Here the ongoing and intake supervisors meet with others to discuss newly opened cases. | |
| 4/ | Photo: Donna receiving cases | NA: | Today, Donna Dimon, supervisor of an Ongoing Unit, will receive 4 new cases. | |
| 5/ | Cases being funnelled to unit | NA: | Two of them she will assign to caseworkers in her unit. | |
| 6/ | and to TCLT | NA: | and two will be assigned to the Travis County Lay Therapy staff. | |
| 7/ | Diagram of dual responsibilities | DD: | "In addition to supervisory responsibilities, I am Project Director for Travis County Lay Therapy — a specially funded volunteer program housed within my unit. | |
| 8/ | Photo: Outline figure of parent | DD: | Our program is founded on the belief that: parents themselves are the victims of child abuse, | |
| 9/ | Composite: Dejected figure then changed one | DD: | parents can change, and | |
| 10/ | Composite: Add two people talking | DD: | lay therapy can make a difference in bringing about this change. | |
| 11/ | Composite of staff | DD: | The staff of our volunteer program, two volunteer supervisors and myself, | |

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 12/ | Picture of dual responsibilities | DD: accept the dual responsibilities of functioning as an ongoing unit and operating a special program because we believe that we are making a difference. | |
| 13/ | Photo: Figure of parents with child | DD: We have seen parents mature, learn new discipline alternatives and achieve independence. | |
| 14/ | Words and numbers | DD: Each volunteer supervisor carries 25 cases, approximately 12 of which she assigns to volunteer lay therapists. | |
| 15/ | Words: Highest Priority | DD: We accept only validated cases of abuse or life threatening neglect because these cases are our highest priority. (in Protective Services.) | |
| 16/ | Photo: Barbara receiving new case | DD: Here our Volunteer Supervisor, Barbara Cohn receives a new case, | |
| | | enters it onto her caseload, | |
| 17/ | Photo: Family evaluation | DD: and conducts a formal evaluation of the family, interviewing each family member, to learn about their behavior, attitudes and self-esteem." | |
| 18/ | Words | NA: If the family has reasonable potential for growth, | |
| 19/ | Words | NA: and is willing to accept volunteer services, | |
| 20/ | Picture — assign | NA: Barbara will assign them to one of the 12 volunteers she supervises. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 21/ | Photo: Outline figure with words | NA: | First, she matches the family with trained lay therapists, seeking similarities in interests and life situation. | |
| 22/ | Photo: Barbara on phone | NA: | "Based on her assessment of both the family and available lay therapists, Barbara decides to ask Faith Robertson to take this case. | |
| 23/ | Photo: Barbara and Faith meeting | DD: | She and Barbara will meet to review the case. | |
| 24/ | Photo: Meeting for lunch | DD: | Faith is willing to spend 6-15 hours a week with family members during the first weeks of their relationship. | |
| 25/ | Photo: Sorting baby clothes | DD: | so the bonding process can begin. During this time the parents will learn to trust and depend on Susan. | |
| 26/ | Picture: Mother with child | DD: | This unquestioning trust of another person, similar to the trust that an infant feels for its mother, is often a prerequisite for later emotional independence. | |
| 27/ | Photo: Father and mother in living room | DD: | The lay therapist functions as a parent to the adults in the family providing them with | |
| 28/ | Photo: Faith putting children to bed/preparing food | DD: | unconditional acceptance, support and teaching them appropriate problem solving behavior. | |
| 29/ | Photo: Faith on telephone | DD: | At first, Faith will call her supervisor after each contact with the family for at least the first 2 weeks or as long as needed | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 30/ | Photo: Faith receiving close supervision | DD: | to ensure that she receives close supervision during these crucial first weeks. | |
| 31/ | Photo: A training session | DD: | One training session and three staffings per month augment the individual supervision she receives from Barbara. | |
| 32/ | Picture: TCLT receiving support | NA: | In order for the lay therapy staff to adequately support its volunteers, the volunteer program must themselves receive support. | |
| 33/ | Photo: Donna receiving award | NA: | Katherine Hibbert, Program Director for Protective Services and Erwin Debs, Regional Administrator, support the program by recognizing the efforts of the staff: | |
| | | ED: | Donna, in recognition for the contributions of Travis County Lay Therapy . . . | |
| 34/ | Photo: In Katherine's office | NA: | Katherine also participates in major decisions such as planning, funding and evaluation. | |
| 35/ | Words: collaboration | NA: | The Planning Office, required to evaluate all specially funded programs, collaborates with Katherine and Donna to develop evaluation procedures: | |
| 36/ | Photo: Alice talking | ALI: | We want to both evaluate and describe the Travis County Lay Therapy program. To find out not only *if* if works, but *how* and *why* it works. | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 37/ | Words | NA: | The Office of Citizen Involvement strengthens the volunteer program with contributions in the areas of recruitment, training and evaluation. | |
| 38/ | Photo: TCLT staff | NA: | Travis County Lay Therapy staff meets to plan: | |
| 39/ | Photo: Donna talking | DD: | It is now time to plan recruitment for summer. | |
| 40/ | Words on blackboard | DD: | Are there any revisions we want to make in our recruitment and screening process? | |
| 41/ | Photo: BC and DD talking | BC: | Let's try a different technique this time. | |
| | | DD: | I agree. Let's also reconsider our recruitment campaign. | |
| 42/ | Photo: Leaving house at night | DD: | Last time so many of our applicants had full time jobs. We had to conduct all our training and supervision on the weekends or evenings. | |
| 43/ | Words: Churches, women's clubs | DD: | Perhaps we can direct our recruitment efforts so we attract more people who are available during the weekday hours. | |
| 44/ | Photo: New training session | NA: | The revised recruitment and screening plan is successful and soon a new group of volunteers embark on 18 hours of training. | |
| 45/ | Photo: Donna leading meeting | DD: | Welcome. This morning we will begin with the philosophy of our program followed by sessions on 'bonding' and 'characteristics of a family with a child abuse problem.' | |

| *Slide* | *Subject* | *Narration* | *Background Effects* |
|---|---|---|---|
| 46/ | Photo: Donna at meeting | DD: After lunch we'll hear "Caught in the Cycle — One Parent's Perspective," and close the day with a guided fantasy. | |
| 47/ | Word: SCAN | NA: This is the first training session Donna has led on her own. Last year she contracted with SCAN of Arkansas to train volunteers. | |
| 48/ | Photo: Donna counseling two volunteers | NA: The staff will use their expanded skills this evening at a staff session held at the home of one of the volunteers. | |
| 49/ | Photo: Role playing | NA: Group staffings focus on the functioning of the volunteers and help them explore ways to work with their familes. | |
| 50/ | Photo: Faith talking | FR: (Vol) My client isn't making much progress. I think if she would just get a job a lot of her problems would vanish. | |
| 51/ | Photo: Another volunteer answering | Vol 2: Remember, Faith, your job is to support her even if you don't agree with her decisions. | |
| 52/ | Photo: 3rd volunteer | Vol 3: You can't make decisions for her. When she feels good enough about herself she'll take control of her life. | |
| 53/ | Photo: Faith | FR: Yeah, I could solve the problems of the world if people would just listen to me. | |
| 54/ | Photo: Donna to Faith | DD: Faith, how do you feel watching your client continuing in what appears to be a self destructive pattern? | |

| *Slide* | *Subject* | | *Narration* | *Background Effects* |
|---|---|---|---|---|
| 55/ | Photo: Faith, downcast | FR: | (Depressed.) I wonder if I'm doing any good. | |
| 56/ | Photo: Volunteer | Other Vols: | It makes me feel relieved to hear you say that! I thought I was the only one who wondered if I was doing a good job. | |
| 57/ | Photo: Volunteer | | Me, too.<br>I know they must find their own solutions, but it's hard to let my family make mistakes. | |
| 58/ | Photo: Volunteers smiling | NA: | By sharing experiences and supporting each other the volunteers overcome their own feelings of anger, rejection and frustration and can accept the slow progress of parents. | |
| 59/ | Photo: Volunteers enjoying comraderie | NA: | Both volunteers and staff enjoy the closeness and comraderie which comes from sharing an exciting goal — the reduction of child abuse through the maturation of client families. | |
| 60/ | Photo: Rehabilitated family | NA: | The staff is willing to put in long hours and can support the volunteers because they believe their goal is worthwhile and | |
| 61/ | Picture with words | NA: | they, in turn, receive the support from those in their organization. | |
| 62/ | TCLT sign | NA: | Travis County Lay therapy — one model for a volunteer program. | |

# References

## Participant's Guide

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Johnson, Sammual in McAdam, E.L., Jr. and Milne, George (eds.) *A Johnson Reader.* New York: Pantheon Books, 1964.

Fish, Jeanne E. and Presley, Margaret. *Training Manual for Parent Aide Coordinator.* Kansas City, Kansas: University of Kansas Medical Center, 1977.

# Participant Notebook Masters

# Participant Notebook

# Overview

These training packages offer a complete set of multi-use instructional materials prepared for child protective services staff who may be considering a parent aide program. The goals of the training package include providing:

- a rationale for using parent aides
- a 'blueprint' for developing a program

A slide/tape presentation entitled "Teaming Up – How Volunteers Can Help" introduces the training package. Afterwards, the participants will use the seven modules to develop their own program. Each module will require approximately two hours to complete. The titles and descriptions of the slide/tape and the modules are:

| | Brief Description |
|---|---|
| **Slide/Tapes** | |
| 1. How Volunteers Can Help | Describes the innovative role of the parent aide and introduces the training package. |
| 2. Two Programs – A Visit | Compares the organization structure of Family Outreach in Dallas, Texas, and Travis County Lay Therapy, Austin, Texas. |
| **Audiotape** | |
| 1. Every Parent's Birthright: Bonding As the Key to Effective Lay Therapy | A formerly abusive parent talks about the relationship between herself and her SCAN lay therapist. |
| **Modules** | |
| 1. "Why Volunteers?" | Examines the philosophy underlying parent aide programs. Participants will be asked to identify main points of program philosophy and will differentiate between the roles of professional staff and the roles of volunteers. |
| 2. "Program Models – Which One Is Right For You? | Explores differences in parent aide programs. Participants will be asked to choose the type of program that fits their own organization. This module also includes the slide/tape presentation entitled "Two Programs: A Visit." |

| | |
|---|---|
| 3. "Organizational Patterns/Funding" | Suggests organizational patterns and funding sources to get a parent aide program started. Participants will be asked to determine which jobs need to be done and to identify sources of program funding. |
| 4. "Interface: Coordinating the Parent Aide Program with the DHR" | Underlines the importance of fitting the parent aide program into the state agency structure. Participants will be asked to develop criteria for selecting cases, developing a referral process and setting policies for volunteers. |
| 5. "Recruitment and Screening of Volunteers" | Suggests ways to recruit and screen applicants for the volunteer program. Participants will be asked to develop an outline of a recruitment and screening plan. |
| 6. "Training" | Explores both content and format of training program. Participants will be asked to develop training priorities and to modify training activities. |
| 7. "Supervision" | Focuses on the roles of the supervisor in assigning cases and in providing guidance and support to the parent aides. Participants will be asked to play typical supervisory situation. |

**This Participant Notebook is provided for your notetaking. Please do not write in the Modules themselves.**

# Reasons For Beginning A Volunteer Program

## Directions

After your group has completed the Reason Sort, write your five most valid reasons for beginning a volunteer program.

1. _____

2. _____

3. _____

4. _____

5. _____

# NOTESHEET

## Closeup Of SCAN

### Directions

Use this notesheet to write down important points from the reading selection.

Selection:

Child Abuse Is: (dynamics; values; prognosis)

Child Abusers Are: (values; their past; their needs)

Child Abuse Will Stop When: (reparenting; strategies; interventions)

# Program Philosophy

## Directions

Write your program philosophy here.

# Volunteer Roles

## Directions

Develop a statement describing the roles of the parent aides in your program. Remember to remain sensitive to the needs of both the volunteer and the professional. This will not become a job description. To write a job description, you will need much more specific information about your own program needs (this will be addressed in Module 2). Right now you are sketching the broad outlines of the parent aide's roles and the limits you will place upon them. You have both the right and the responsibility to delimit the roles of the parent aides. Developing a parent aide program which threatens professionals will just mean you are moving your program closer to internal sabotage. Here are some questions to guide you in developing your statement:

- How will the parent aide roles be different from those of the professional?
- How will the parent aide roles be similar to those professional's roles?
- What are the unique aspects of the parent aide's roles?
- What are the unique aspects of the professional's roles?

# NOTESHEET

## Five Additional Models

Note any aspects of these models which seem important or applicable to your own program.

### SCAN of Arkansas

_____

_____

_____

### Operation Reach — Wyoming People Reaching out to Help Their Abused and Neglected Children

_____

_____

_____

### Brownwood Volunteer Program

_____

_____

_____

### The SCAN Center of Spokane County

_____

_____

_____

## Project Children: A Rural Child Abuse/Neglect Program

# Organizational Analysis

1. Support for volunteer programs at the Program Director and Regional Administrator level is:
   (circle one) High Moderate Low
2. The number of well-organized voluntary groups in your community which might be interested in collaborating on a child abuse and/or neglect project is:
   High Moderate Low
   List the names of voluntary groups with which you might work:

3. Staff members would probably be willing to put in extra hours in order to have more complete ownership of the volunteer component.
   Yes No
4. There are a number of organizations in town which might be able to assist with funding a volunteer program.
   Yes No
   List the names of the organizations:

5. Staff would be willing to have volunteers eventually make major decisions — such as how volunteers will be screened and trained or how cases will be handled.
   Yes No
6. There are currently people on your staff who would be capable and willing to lead the volunteer program in addition to regular duties.
   Yes No
7. Your staff would be willing to work on an equal basis with a volunteer organization.
   Yes No
8. Does your staff now have someone 'on board' who might be willing to take on the job of coordinating with a volunteer agency? This means separation from the DHR 'mainstream.'
   Yes No
9. Can your staff work well together as a team?
   Yes No
10. From your perspective, does your community have a greater need for a preventive program than one which deals with validated cases?
    Yes No

When you have finished responding to these questions, look at the comments on the next page.

# Description Of Our Program

## Directions

Write the narrative description of your program here.

# Judy Y. Reorganization

## Directions

Write possible problems and reorganization suggestions here.

| | Problem | Reorganization |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

# Tasks To Be Accomplished

## Directions

Write down the name or position of persons who could do this task (other than yourselves). Your list may include:

- Volunteers
- Office of Citizen Involvement
- Planning Office Staff
- Continuing Education Staff
- Outside Consultants
- Clerical Staff
- Administrative Staff

To begin operating a parent aide volunteer program, these tasks must be accomplished:

| Tasks | Who Can Do This Task? |
|---|---|
| 1. Decision to Adopt Program | |
| • set goals for program | |
| • specify general implementation steps | |
| • educate staff | |
| • assign duties | |
| • (other) _____ | |
| 2. Organizational Changes | |
| • determine new tasks to be done | |
| • develop job descriptions | |
| • allocate tasks to current staff | |
| • hire new staff | |
| • adjust organizational plan when necessary | |
| • (other) _____ | |

| Tasks | Who Can Do This Task? |
|---|---|
| 3. Develop Funding Sources<br>• determine budget needs<br>• investigate possible funding sources<br>• apply for funds<br>• (other) _____ | |
| 4. Monitor Program/Evaluate<br>• monitor staff satisfaction and sense of accomplishment<br>• determine effectiveness of volunteers, program and staff<br>• (other) _____ | |
| 5. Liaison with Referral Sources<br>• liaison with intake unit at DHR (if volunteer program is not placed within this unit)<br>• development of liaison with other referral sources<br>• screen cases for suitability<br>• (other) _____ | |
| 6. Recruit Volunteers<br>• design recruitment plan<br>• design recruitment tools<br>• write recruitment copy<br>• speaking engagements<br>• liaison with T.V., radio, and newspapers<br>• (other) _____ | |

| Tasks | Who Can Do This Task? |
|---|---|
| 7. Process Volunteer Applications<br>• answer phones<br>• design application forms<br>• prescreen applications<br>• (other) _____ | |
| 8. Screen Volunteers<br>• develop criteria for selecting volunteers<br>• schedule, conduct and evaluate interviews<br>• send reference forms (if desired)<br>• (other) _____ | |
| 9. Design Training Program<br>• set objectives<br>• prepare orientation materials<br>• liaison with presenters<br>• (other) _____ | |
| 10. Conduct Volunteer Training Program<br>• develop content<br>• design evaluation<br>• present the training<br>• revision<br>• (other) _____ | |

| Tasks | Who Can Do This Task? |
|---|---|
| 11. Supervise/Support Volunteers<br>• 'on call' to volunteers<br>• meet with groups of volunteers to staff cases<br>• meet with individual volunteers<br>• evaluate volunteer's performance<br>• match cases with volunteer capability<br>• recognition of volunteers<br>• (other) _____ | |
| Other(s) _____<br>_____<br>_____<br>_____ | |

# Skills I'd Like to Develop in the Next Year Are:

## Directions

Isolate those areas that interest you.

# Organizational Plan

## Directions

Write your organizational chart here.

# Budget Estimate

## Directions

Estimate your program's expenses in the space below.

| General Financial Needs | Item | Estimated Cost |
|---|---|---|
| 1. Cost of the Home Base<br>As discussed previously, the home base for the program will include office space for the supervisor of the program in the agency designated. For the purpose of general organization, as a location for individual supervisory sessions and as a space for resource and training materials, the office need not be large, but should be private. There should also be some larger space available for the occasional training and group meetings that will be held. The supervisor will require clerical help, access to duplicating equipment, telephone, office furniture, file cabinets with locks, office supplies and audio-visual equipment. | office space<br>larger space<br>clerical help<br>dup. equip.<br>telephone<br>office furn.<br>file cabinet | |
| 2. Cost of the Parent Aide Coordinator<br>The role of the parent aide coordinator is a vital one in the program. She will be responsible for:<br>a. Administrative duties<br>b. Acting as liaison between the advisory board, the agency board, the community and the program.<br>c. Acting as a liaison between cooperating agencies and the parent aide program.<br>d. General recruiting within the community.<br>e. Screening volunteers who wish to become parent aides. | program coord. | |

| General Financial Needs (continued) | Item | Estimated Cost |
|---|---|---|

2. Cost of the Parent Aide Coordinator (continued)
   f. Carrying out the training of these volunteers.
   g. Matching the referrals with the parent aides.
   h. Ongoing supervision of the parent aides.
   i. Providing for in-service training
   j. Evaluation.

   Although we recommand a person with a professional background in one of the service areas (social work, education, etc.), we feel strongly that the personal qualifications of enthusiasm, energy and an ability to work well with people are strong imperatives. Because of the requirements of the position and because of the results of our survey of other programs, it is our position that the parent aide coordinator be paid for her work. It is the lucky program that found a volunteer willing to devote herself so thoroughly; however, the majority did pay and this approach more evenly assures a quality control over the program.

3. Cost of the Volunteer

   We recommend that the parent aide receive a monthly stipend of $20.00 to be used to cover the costs relating to her work with the parent. The use of a stipend instead of reimbursement for mileage or direct costs will simplify bookkeeping procedures for the supervisior. In addition, the stipend will aid in (a) attracting low-income volunteers, (b) assuring greater spouse and family acceptance of the time and cost commitment for the aide, and (c) reinforcing the value of the work that the parent aide is doing. Although we recommend that this stipend be paid, we do feel that if monies are not

stipend

travel expense

| General Financial Needs (continued) | Item | Estimated Cost |
|---|---|---|
| 3. Cost of the Volunteer (continued) available to cover this part of the program, that this cost be held in abeyance and the program be implemented using unpaid volunteers. | | |
| 4. Resource and Training Materials The supervisor will need to have, at her disposal, references on child abuse/neglect for her own use and for providing educational materials for the parent aides. Films or other audio-visual items to be used in the training program need to be readily available. The costs of duplicating recruitment and training materials must also be included in the budget. | reference materials<br>films<br>A-V items<br><br>duplicating costs | |
| Other: _____ | | |
| _____ | | _____ |
| | Estimated Total | $_____ |

# Case Criteria

## Directions

Write your own criteria for choosing cases for volunteers.

# Seven Test Cases

## Directions

Working *individually*, read over the Seven Test Cases. Write down 'Yes' or 'No' to indicate whether this case meets criteria for acceptance into your program. Do your best with the information available. When you have finished, come back together as a group and compare your answers. If your criteria were carefully stated, each member of your group should be in agreement about whether your volunteer program would work with each case. After comparing answers, you may need to 'tighten up' your criteria.

**Case** **Does Case Meet Your Criteria?**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

## Seven Test Cases

**Case 1**
Girl, age 7, has been in therapy at a mental health center for two years. Symptoms: extremely passive and lacking in spontaneity, no bladder control (no physiological reason) and hair falling out. Two older boys in family doing well. Mother puts extreme pressure on girl to 'behave,' sending her to room as punishment for very minor infractions of rules. No signs of any physical abuse. She was referred by counselor at mental health center.

**Case 2**
Case was called into intake. Mother and toddler were walking in a shopping center. Child became irritable. Mother angrily started pulling child by the arm. Child threw herself down on the ground. Mother continued walking, while pulling the child by the arm. Caller believed child may have been hurt. Intake visit confirmed that child's arm was dislocated. Mother admitted anger toward the child. She seemed sorry for child's injury.

**Case 3**
Self referral. Woman called in. She has retarded 11 year old. She becomes increasingly furious with him and is afraid she will hurt him.

**Case 4**
Anonymous call from someone who said she is a neighbor. Reports 'wild' parties with drug abuse a major component. Three children, the mother, and a live-in boyfriend appear 'high' very often. Three boys aged three, seven, and ten are often inappropriately dressed for the weather and wear soiled clothing. There are no signs of physical abuse.

**Case 5**
Previously closed abuse case needs to be reopened. Father had severely 'disciplined' stepson on numerous occasions. Boy, age 8, had needed medical attention for bruises and dizziness due to blows. Father had been cooperative with child welfare caseworker in past and no incidents of abuse have been noted for over a year. Call from physician resulted in investigation. Boy appeared to be scared but not badly hurt. Former caseworker not available to work on case.

**Case 6**
Possible sexual abuse is evident. Sisters, age 11 and 13, acting in disruptive manner at school. Older sister confides in school counselor that her father has 'petted' with her and is afraid he will do the same with younger sister, too.

**Case 7**
Your inservice training with staff at maternity hospital has resulted in a phone call from a nurse who reports that a young mother refuses to hold her newborn, acts disgusted when baby's diaper is changed in her presence. She has no visitors and lacks a support system.

# Three Questions

## 1. From whom will you accept referrals?

Here is a partial listing of the costs and benefits of two referral options:

A. Obtaining Referral through the Intake Unit

| Benefits | Costs |
|---|---|
| Don't have to set up own intake and investigation process. | It may take a long time before volunteer program develops enough credibility. May not get enough cases. |
| Possibility of better coordination with intake. | May not be able to become involved in cases as soon as desirable.<br><br>(Many programs believe that the volunteer can be most effective when involvement with the abusive family is initiated immediately following the crisis situation which follows the abuse) |
| Other: | Other: |

B. Obtaining Referrals from Other Sources

| **Benefits** | **Costs** |
|---|---|
| Can solicit the number and type of cases that suit the capability and focus of volunteer program. | Very time consuming — need people to answer phones, coordinate with other agencies, etc. |
| Can generate more community awareness about child abuse. | May generate more cases than the volunteer program can work with. |
| Other: | Other: |

## Directions

After reading this partial listing of the costs and benefits of two referral options, add other options to the list, if you like. and discuss which system would fit best in your volunteer program (of course you may decide upon a hybrid system). After discussing, write your answer to Question 1 in the space provided.

**Question 1. From whom will your program accept referrals?**

## 2. How should cases be referred to you?

This information will go out to all persons and agencies who will refer cases to you. It must be clear and in a step-by-step format. Look back over the information from Family Focus, particularly "Guidelines for Referral from Protective Services Staff to Family Focus Program" and "Referral Procedures for Agencies to Family Focus Program."

### Directions

After reading over "Family Focus Guidelines" and "Procedures," write your own tentative guidelines here:

**Question 2. How should cases be referred to your program?**

## 3. How will you act on the referrals you receive?

Action on referrals can mean two different things — how you respond to the client, and how you respond to the referring agency. You will need to answer both parts of the question. Look back over the information from other programs if you need more information.

### Directions

Describe your sequence of events for acting on a referral, including both how you will respond to the client and how you will respond to the referring agency.

**Questions 3. How will your program respond to referrals?**

# Policy Page

## Directions

Write the policy which could have prevented this situation.

| Cartoon | Policy |
|---|---|
| 1. improper records | 1. |
| 2. disruptive demands | 2. |
| 3. lack of confidentiality | 3. |
| 4. resistance to training | 4. |
| 5. firing | 5. |
| 6. threat to workers' jobs | 6. |
| 7. not using chain of command | 7. |

Note: You may decide against developing policies for the seven problem areas shown in the cartoons at this time. Some of the issues may be dealt with later in orientation meetings.

# Volunteer Policies

## Directions

Write your volunteer policies here. When you are finished, look over the "Suggested Topics for Personnel Policies" developed by Goodwill Industries to make sure you have policies to cover all relevant areas (you do not have to include everything).

# Debriefing

1. When you begin a new volunteer program in your agency, *who* (roles) needs to be 'brought along'?

_____

_____

_____

_____

2. What do others need to know about your program and what are some ways to tell them?

_____

_____

_____

_____

3. List ways to enlist the support of other staff members.

_____

_____

_____

_____

# NOTESHEET

_____
Name of Data Source

A. Criteria for Volunteers

_____

_____

_____

B. Main Points for Media Copy

_____

_____

_____

C. Recruitment Process

_____

_____

_____

D. Process for Handling Applications

_____

_____

_____

E. Screening Process

_____

_____

_____

# Category A — Criteria For Volunteers

## Directions

1. Look back over your own program objectives and philosophy and "brainstorm" a list of ten adjectives that would describe a volunteer who could help you meet your objectives and fit into your philosophy.
2. Using this list of adjectives and input from your readings, develop a statement of criteria for volunteers in your program. Write it in the space provided on this page. You may choose a narrative format (like Alliance in "Who Makes a Good Parent Aide") or a list format.
3. Incorporate this criteria into a Volunteer Job Description. You may want to use Family Outreach job descriptions as a guide.

# Category B — Main Points For Media Copy

## Directions

1. "Brainstorm" a list of ten reasons why people might want to become a parent aide. (You may want to refer to the section "Why People Volunteer" in the OCI Recruitment Packet.)
2. List words and phrases which describe your program (Who? Why? What Outcomes?). This listing of 'buzz' words and key phrases can form the core for brochures, posters, radio spots, etc.
3. From these lists designate the main points for media copy.

# Category C — Recruitment Process

## Directions

1. The most frequent mistake made in recruitment is to look in the wrong place for the right people. To pinpoint your target audience, fill out the Worksheet: Recruitment sources in the OCI Recruitment Packet.
2. List steps you will take to recruit. (Cut and paste sections from data sources if you wish.) This listing should be comprehensive. Later you may use it to assign recruitment tasks to staff and volunteers.

# Category D — Processing Applications

## Directions

An efficient system for handling applicants is crucial to any program.

1. Brainstorm a list of "contact points" with applicants (i.e., application form sent out, interview scheduled).
2. Organize these contact points into a sequential list (i.e., Step 1 — Applicant calls to obtain information about program; Step 2 — Brochure sent out).
3. Develop a form to "track" your contacts with applicants. (You may refer to the Family Focus "Response to Volunteers in Action Recruitment Program," on the next page if desired.)

# Category E — Screening Process

## Directions

1. Brainstorm a list of ways to screen volunteers (include self-screening opportunites).
2. Look back at your criteria for volunteers in Category A. Asterisk (*) the highest priority criteria items (e.g., time to spend with clients, nonjudgmental, etc.). Decide what questions you can ask or what experiences you can create that will help you know whether an applicant meets each of the high priority criteria items.

Training Topic _____

## Activity Ideas

Training Topic _____

## Activity Ideas

# Training Topics We Will Include

**Directions**

Write your training topics here.

# NOTESHEET

_____

Name of Program

**Topics Included in Initial Training in Order of Presentation:**

**Activity Ideas or Resources:**

# Organizing The Training Design Output

| Training Objectives | Activity Ideas | Resources |
|---|---|---|

## Directions

After dividing into pairs, each pair should fully develop this activity using the 'raw material' on the next page and writing an outcome, directions, and debriefing (questions or discussion or both).

Topic: Avoiding Parenting Crises

Format: Homework

Outcome:

Directions:

Debriefing:

Revision Notes:

## Directions

Using the Raw Materials, complete this activity.

Topic: Discipline Alternatives

Format: Worksheet

Outcome:

Directions:

Debriefing:

Revision Notes:

## Directions

**Using the Raw Materials, complete this activity.**

Topic: Values

Format: Checklist

Outcome:

Directions:

Debriefing:

Revision Notes:

## Directions

Using the Raw Materials, complete this activity.

Topic: The Difficulty of the Helping Role

Format: Role Plays

Outcome:

Directions:

Debriefing:

Revision Notes:

# Initial Workshop Schedule

## Scheduling/Attendance Policies

# Staff Training Program: (Tentative List Of Topics, Tentative Schedule, Person(s) In Charge Of Our Training)

# The Forest!

Not just one wolf . . .but a wolf pack is laying in wait for you. They are hiding everywhere! Some of them are even waiting at places you expected to get help! List the dangers that could beset you in these seen places. Then turn the page to see the 'wolves' we have chosen to describe.

1. **Case Assignment**

Wolves: _____

_____

2. **The First Visit With The Family**

Wolves: _____

_____

3. **Working With The Family**

Wolves: _____

_____

4. **3 Months Into The Case**

Wolves: _____

_____

5. **6 Months Into The Case**

Wolves: _____

_____

6. **At Your Own Home**

Wolves: _____

_____

7. **At The Office**

Wolves: _____

_____

# As A Volunteer In a Parent Aide Program, I Would Need . . .

**Directions**

Complete this individually.

# A Volunteer Has A Right To Expect . . .

## Directions

Now, resume your professional identity. Look over this checklist. It lists both what the volunteer can expect from the agency and from the professional. This list is a compilation of materials from two programs (Goodwill Industries and Project Children). As you read, you will find that some items are important for your program and some are not. Check only the items that you think are important and should be included in your own list.

# What We Will Provide The Volunteer

## Directions

As a group, discuss and compare the items you included in "As A Volunteer In A Parent Aide Program I Would Need . . ." and the checklist, "A Volunteer Has A Right To Expect . . .".

Decide which items you will include in your own statement, "What We Will Provide The Volunteer." Write it here.

# Assignment Flow Chart

## Directions

Draw an assignment flow chart for your own program.

# Matching Criteria

## Directions

**Write down criteria which you will use for matching clients and cases.**

# A Helpful Supervisor . . .

## Directions

Based on your own supervisory experience and those of others in your group, work individually to fill in these statements. Then, as a group, answer the discussion questions.

**A Helpful Supervisor . . .**

Does.....

Doesn't.....

Acts Like.....

Believes.....

Gives Instruction When .....

Intervenes When.....

Uses Humor And Laughter When .....

Is Very Serious When .....

Teaches By .....

Assumes That .....

Doesn't Assume That.....

Asks.....

# Discussion Questions

1. Compare your responses to A Helpful Supervisor. Do you find much similarity?

2. Which supervisor traits, attitudes, and behaviors promote a successful outcome?

3. What attitudes and behaviors are dependent upon the person who is being supervised?

Answer This By Yourself

4. Describe the kind of supervisor you would like to be.

# Supervision Discussion Questions

1. Which of the role play issues was most difficult to resolve? Why do you think so?

2. Was individual supervision the best mode for dealing with the issues which arose during the role play? Would group supervision have been a better choice for some of the situations? Which ones? Why do you think so?

3. Would all of these issues lend themselves to supervision over the telephone? Under what circumstances is supervision over the telephone satisfactory? In which circumstances would it not be satisfactory?

4. How could a supervisor assure that an aide will bring up critical issues so they can be discussed before they become too great a problem?

5. Should any of these role play issues have been brought up during in-service training?

# Supervision Plan

## Directions

Based on your discussion of supervision and supervision strategies, develop a supervision plan. This plan should include:

1. Types of supervision available to volunteers (i.e., group, individual, in-service);
2. Frequency of supervision sessions ("We will hold one group supervision session every two weeks and one in-service . . ."); and
3. Minimum attendance for each volunteer (every parent aide is expected to attend at least one individual and two group supervision sessions each month).

# References

## Module 7

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Fish, Jeanne E. and Presley, Margaret. *Training Manual for Parent Aide Coordinator.* Kansas City, Kansas: University of Kansas Medical Center, 1977.

Clubbs, Rita in Pallone, Sharon. "What Kind of Alternative Delivery Systems Do We Need?" *Child Abuse and Neglect: Issues on Innovation and Implementation. Proceedings of the 2nd National Conference on Child Abuse and Neglect April 17-20, 1977, Vol. 2.* DHEW Publication No. (OHDS) 78-30147, 1978, pp. 151-157.

Pickhardt, Irene, "A Teammate is . . ." Unpublished. Austin, Texas, 1979.